



Comhairle na nDochtúirí Leighis  
Medical Council

## **Accreditation of Postgraduate Training Bodies Under Part 10 of the Medical Practitioners Act 2007**

### **Report on the Accreditation of the Irish College of General Practitioners and the Programme of Specialist Training in General Practice**

#### **Contents**

A. Preface .....	3
B. Summary and General Assessment .....	4
1. Conclusion and Main Recommendations to PDC.....	4
2. Priority Recommendations to the Body: .....	4
3. Other Recommendations to the Body: .....	5
4. Commendations: .....	6
5. Recommended Further Action: .....	6
C. Evaluation of the Body and the Programme.....	7
D. Appendices .....	17
Appendix 1- Agenda .....	17

### **Statement with regard to the Freedom of Information Acts, 1997 and 2003**

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, [www.medicalcouncil.ie](http://www.medicalcouncil.ie) in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

FINAL

## **A. Preface**

### **1. Context of the Accreditation Session**

The Medical Council Accreditation Team met with the Irish College of General Practitioners on 5<sup>th</sup> February 2013. Its remit was to assess the College and the Programme of Specialist Training in General Practice against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010 and revised 25<sup>th</sup> October 2011), and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

### **2. The Team**

The Medical Council Accreditation Team is listed in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Professor Cillian Twomey, Dr Siun O'Flynn, Professor Alan Johnson, Dr Suzanne Donnelly, Dr John Harrison and Professor Mike Pringle. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the representatives from the Irish College of General Practitioners for their co-operation. In addition, the Medical Council wishes to thank the trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

### **3. Documentation**

As part of the accreditation process, the College was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*'. In addition, the College was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1)(f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 2 of this report.

### **4. Schedule**

The accreditation session included a private morning meeting of Medical Council Accreditation Team, a meeting with a number of trainees representing the different stages of training in and an in-depth discussion between the Team and representatives from the College.

### **5. Appendices**

The agenda for the Accreditation Session is attached as Appendix 1. Correspondence with the College in relation to this activity is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

### **6. The Report**

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the College and the Programme of Specialist Training; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

## B. Summary and General Assessment

### 1. Conclusion and Main Recommendations to PDC

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

1. **The Programme of Specialist Training in General Practice** should be approved by Council under the terms of Section 89(3) (a) (i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

2. **The Irish College of General Practitioners** should be approved by Council under Section 89(3) (a) (ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in General Practice approved under 1. above. This recommendation is made on the grounds of the College's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

### 2. Priority Recommendations to the Body:

The Team makes thirteen priority recommendations to the Irish College of General Practitioners as follows:

- (a) The College should revise its terminology and documentation to clarify the delivery of a single programme of specialist training in general practice *via* a number of regional schemes.
- (b) The College should revise its current procedures in order that the Medical Council receives a *single* document to confirm that a doctor has successfully completed specialist training in Ireland and is eligible for specialist registration.
- (c) The College, in the interests of transparency, efficiency and good governance, should move towards a centralised funding model, and continue to work with the HSE to conclude negotiations in this area as soon as possible. Progress towards compliance with this recommendation should be reflected in the annual declarations which the College will be required to submit to the Medical Council.
- (d) The College should establish a formal structure through which local innovation in the delivery of training is assessed, and considered for replication on a national basis where appropriate.

- (e) The College should provide the Medical Council with information regarding the introduction of the fourth year of training, and its associated educational and competency benefits.
- (f) The College should consider the means by which trainees could be assigned rotations, on a national basis, which would take account of prior GP experience.
- (g) The College should consider the means by which trainees with previous experience in relevant disciplines, for example paediatrics or medicine, could be assigned rotations which would minimise any unnecessary duplication of training.
- (h) The College should review its current policy which requires GP training to be completed within a six-year period.
- (i) The College should clarify the process by which individual training needs are identified and addressed.
- (j) The College should place a similarly high emphasis on the assessment of clinical skills as is placed on the assessment of other required competencies throughout training.
- (k) The College should endeavour to demonstrate to trainees how trainee feedback has previously led, and will continue to lead, to positive change.
- (l) The College should provide Council with national data in relation to attrition rates within GP training, and the contributory factors affecting these rates.
- (m) The College should continue to ensure that training opportunities are not compromised by the service-demands of training sites.

### 3. Other Recommendations to the Body:

- (a) The College should continue to ensure that training is fully-aligned to evidence-based assessment methodologies.
- (b) The College should collaborate with other postgraduate training bodies to minimise the potential overlap between courses in medical education, or similar.
- (c) The College should review its mapping of the Medical Council's '*Eight Domains of Good Professional Practice*' to ensure that the resulting competency framework within GP training is sustainable and practical.
- (d) The College should provide the Medical Council with details in relation to the numbers of GP trainers involved in undergraduate medical education.
- (e) The College should encourage greater co-ordination between training schemes and the management of hospital sites to ensure that trainees are fully supported to participate in day-release requirements.
- (f) The College should encourage greater lateral communications between trainers and training schemes.

- (g) The College should fully reflect its commitment to supporting disabled or disadvantaged trainees in its training documentation.
- (h) The College should continue to drive consistency and transparency in areas relating to admission policies, and short-listing and selection criteria. An audit of developments in this area should be provided to Council.
- (i) The College should provide Council with national data in relation to trainee disputes and outcomes.
- (j) The College should provide Council with national data on the numbers of trainers who have been de-recognised, and the circumstances behind these decisions.

#### **4. Commendations:**

The Team would like to commend the College for the following:

- (a) The contribution of the trainees who met with the Team and whose professionalism reflected very well on the College.
- (b) The professionalism demonstrated by the College, both during the self-evaluation stage of the process and also throughout the accreditation meeting.
- (c) The high quality of the documentation which was submitted by the College as part of the accreditation process.
- (d) The College's commitment towards maintaining high standards and driving positive change throughout training.
- (e) The strong focus placed on trainee communications.
- (f) The emphasis placed on trainee welfare throughout training.

#### **5. Recommended Further Action:**

Ongoing engagement with the College will be a key part of this quality assurance process. In support of this process, the College will be required to engage in a process of annual declaration with the Medical Council.

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Body.

## C. Evaluation of the Body and the Programme

The evaluation of the Body and the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training (Appendix 3)

### 1) CONTEXT OF EDUCATION AND TRAINING

Standard (1) incorporates the following elements:

- 1.1 GOVERNANCE
- 1.2 PROGRAMME MANAGEMENT
- 1.3 EDUCATIONAL EXPERTISE AND EXCHANGE
- 1.4 INTERACTION WITH THE HEALTH SECTOR
- 1.5 CONTINUOUS RENEWAL

The Team felt that it was important to clarify the operation of general practice (GP) training in the State, in order to ensure that Council's accreditation standards would be applied appropriately and meaningfully to the College. GP training in Ireland is delivered across fourteen regional schemes, some of which are long established and others which have been established relatively recently. Each scheme is governed by a steering committee which is focussed on the delivery of a core curriculum which is defined by the College. There are variations in delivery of training between these schemes but outcomes are quality assured by the College. Individual schemes provide different opportunities for trainees that take specific account of each scheme's geographical location and patient demographic. These opportunities may provide training exposure to the impact of inner city deprivation, conditions exacerbated by regional isolation, substance abuse etc.

The Team acknowledged that this model of specialty training is unique in the Irish context and places an increased obligation on the College to ensure consistency throughout training on a national basis. However, the Team were satisfied that there is a single programme, concentrating on a core curriculum, which is delivered regionally to a single set of standards. The College is responsible for ensuring that its own accreditation standards are being adhered to locally, and this is underpinned by a robust inspection and accreditation regime. Regional differences are assessed by the College, and local schemes are required to reflect on their differences, to assure the College and the schemes themselves that variations are justified. The Team recommend that a formal structure is put in place whereby local innovation is assessed and presented for possible replication throughout all local schemes. Such an approach will help to drive standardisation, and maximise the benefits of positive, local innovation.

In order to clarify the quality assurance and operation of specialist training in General Practice in Ireland, the Team agreed that the College must review some of its terminology and nomenclature. The primary concern is the College's reference to multiple 'programmes' which was viewed by the Team as inaccurate and incompatible with the requirements of the Medical Council and with the Medical Practitioners Act 2007. In addition, continued use of the term 'programmes' may undermine the commitment demonstrated by the College to drive uniformly high standards throughout specialist training, focused on its core curriculum. The Team strongly recommends that the College revises its terminology to refer to the regional delivery of its core curriculum as 'training schemes', or similar. For the remainder of this report, regional delivery of the College's training programme will be referred to as 'schemes'.

The Team regarded the information provided by the College in relation to its governance arrangements as being clear and comprehensive. The College Council, Executive, committees and faculties which constitute the College's governance structure are underpinned by clear role definition, responsibilities and terms of reference. In addition, the bye-laws of the local faculties in the State which support delivery of training in general practice are subject to the College's approval. The Team noted that the College had recently reviewed its governance structures and that this review was reflective of the pace of positive change and self-review within the College.

Arising from the Medical Council's accreditation process, the College confirmed that it has formalised the role of the College's representatives in local steering committees. The Team viewed this development very positively and agreed that such representation will help the College to continue to develop a national outlook on training, and to build upon the educational foundation of individual schemes.

Under discussion of the standards relating to the educational exchange, the College confirmed that it was committed to maintaining positive and productive working relationships with other postgraduate training bodies in Ireland. The most immediate evidence of this commitment is the College's involvement in the Forum of Irish Medical Postgraduate Training Bodies. The College viewed the recent collaboration between training bodies, *via* the Forum, to develop Professional Competence Schemes as being a very healthy indication of the current level of information exchange between bodies.

The Team acknowledged the information provided relating to the College's previous collaboration with Queens University Belfast in the delivery of a postgraduate course in medical education, a collaboration which has recently come to an end. The College now intends to develop its own course in medical education. It is recommended that the College considers collaborating with other postgraduate training bodies through the Forum to minimise any overlap between similar courses.

The Team discussed the information provided in relation to the funding of training and were keen to explore how this operated, given the nature of regionally delivered schemes. The Team were advised that funding is not centralised, and is negotiated with local fund holders. Of the fourteen training schemes, thirteen are funded by the Health Service Executive (HSE), and one is funded through the HSE's Medical Education and Training Unit. The current funding model creates ongoing difficulties for the College which could be addressed through a more centralised funding model. The College confirmed that it has limited influence in this area but acknowledged that it is committed to ensuring that standards are being met in all cases. The College confirmed that it was heavily reliant on the continued good relationships between College representatives and fund-holders to maintain equilibrium in this area. The Team acknowledged that the above is an obvious challenge for the College, and would be supportive of any measure proposed by the College which could help to ensure consistency of training and training supports throughout its network of training schemes.

## **2) THE OUTCOMES OF THE TRAINING PROGRAMME**

Standard (2) incorporates the following elements:

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.2 GRADUATE OUTCOMES

The purpose of the College was clearly articulated and the Team noted the extensive degree of consultation which had been undertaken by the College in defining its purpose.

The College's core curriculum was launched in 2008, and underpins the delivery of specialist training in general practice in each training scheme. There are regional variations in the delivery of the core curriculum as addressed earlier in this report.

The Team noted that the Council's '*Eight Domains of Good Professional Practice*' had been extensively referenced by the College in relation to graduate outcomes and trainee competencies. The College's curriculum is based on six core competencies which are further divided into 11 characteristics. The College has undertaken an extensive mapping exercise to ensure that these core competencies and characteristics are fully compatible with, and reflective of, Council's eight domains. The Team agreed that this explicit reference to the Council's eight domains was highly commendable. However, the Team agreed that the College must satisfy itself that its mapping exercise has led to the development of a sustainable and practical competency framework.

### **3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT**

Standard (3) incorporates the following elements:

- 3.1 CURRICULUM FRAMEWORK
- 3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION
- 3.3 RESEARCH IN THE TRAINING PROGRAMME
- 3.4 FLEXIBLE TRAINING
- 3.5 THE CONTINUUM OF LEARNING

The Team discussed the means by which the Medical Council receives confirmation that graduates of training schemes are eligible to access the Specialist Division of the Register, and practise independently as general practitioners. Currently, graduates of training schemes are issued with documentary evidence of completion of training by their local steering committee, on behalf of the College. This documentary evidence is then accompanied by documentary evidence that College membership has been achieved. The Team strongly recommend that the College revises its procedures in this area in order that a single document is issued directly by the College to the Medical Council to confirm completion of training and eligibility for specialist registration. This would reinforce the College's centrality to the delivery and quality assurance of specialist training in general practise, and meet with the Medical Council's requirements of training bodies in this area,

The Team discussed the duration of GP training in Ireland, and in particular discussed the recent introduction of a fourth year into the training programme. The trainees who engaged with the Team confirmed that the fourth year was a significant opportunity for trainees to pursue individual training interests, and to build upon the core knowledge gained throughout the previous three years. The trainees were broadly supportive of the introduction of the fourth training year and agreed that it contributes towards a more well-rounded training experience. The Team expressed their disappointment at the lack of documentation provided in relation to the fourth year which could have explained the rationale behind its introduction, anticipated benefits etc. The College confirmed that the fourth year of training has led to the development of a significant educational structure which is strongly focussed on practice development and commercial awareness, an area which had previously been under-addressed due to the steep learning curve within the previous three year programme. The Team agreed that the College should be requested to provide Council with information regarding the educational and competency benefits arising from the introduction of the fourth year.

The Team discussed the information provided by the College in relation to the opportunities which exist for trainees to pursue flexible training opportunities. Given the family-friendly nature of the discipline and the gender demographic of GP trainees, the Team were keen to explore how supportive the College was of trainees in this area. The Team were advised that the primary route to pursuing flexible training was *via* the Health Service Executive's (HSE) Flexible Training Scheme. This is a national scheme which applies to all trainees in all disciplines. The Team appreciated that there were limited spaces available on a national basis. In relation to the Council's requirement that training bodies support trainees to pursue studies of choice, there was a significant discussion in relation to the College's recognition, or otherwise, of previous specialty experience eg GP experience gained during intern training, or during previous specialty training in another discipline. Based on the documentation provided, there are limited opportunities in this area. There is a modest scope for trainees to target those rotations which they feel would benefit them the most, in a way which would also eliminate the unnecessary duplication of training in certain disciplines. However, due to the regional nature in which training is delivered, and with which trainees are assigned their rotations, there is currently no opportunity to implement a national process in this area. The College accepted that this was a shortcoming of the current framework and one in which there was considerable room for improvement, albeit not without its own challenges, including the logistical challenge to reflect annually the previous clinical experience of trainees on a national level. Notwithstanding these challenges, the Team felt that it was important for arrangements in this area to be strengthened.

The Team were keen to discuss the College's policy that specialist GP training must be completed within a six-year period. The Team were uncertain whether this related to effective training time, which would cater for underperforming trainees or those in need of remedial supports, or whether the six-year policy was applied in cases of maternity leave, prolonged absence through illness etc. The College confirmed that there was little room for flexibility in this area and that the basis for this policy was to maintain the effectiveness and validity of training. However, the College confirmed that in exceptional circumstances, the College can accommodate limited requests to consider a longer training period. Taking into account the individual requirements of trainees, the particular demographic of GP trainees and the family / personal commitments of many trainees, the College should be encouraged to explore opportunities for the current six-year maximum training period to be reviewed.

Under discussion of the articulation of GP training between the different stages of medical education and training, the Team noted the positive feedback which had been received by those trainees who had completed a rotation in general practice as part of their intern training. The Team were also updated by the members of the Council executive who were present at the meeting on the overwhelmingly positive feedback received from interns arising from the Medical Council's inspection of GP intern training sites. The College acknowledged that the introduction of GP training as an approved rotation for interns was a significant development for the discipline. At undergraduate level, the College confirmed that it remained committed to promoting the discipline of general practice to medical students. The vast majority of GP trainers are involved in this promotion, and the College agreed to provide Council with specific details on the numbers of trainers involved in this area.

#### **4) THE TRAINING PROGRAMME - TEACHING AND LEARNING**

GP training is delivered in hospital and practice-based settings. The initial two years of training are spent in a hospital setting with a half-day release arrangement in place. The third and fourth years are spent in a practice setting with a full day release. The trainees identified some variability between schemes and hospitals in the practical supports afforded to trainees to participate in day release. The Team, while acknowledging that the emphasis placed on

service-delivery by trainees may vary between training sites, agreed that the College should strive for consistency in this area. The College's own accreditation process should place a strong emphasis on the practical supports for trainees to participate in day release. In addition, the Team agreed that enhanced co-ordination between training co-ordinators and hospital management could lead to positive change in this area.

Hospital-based training is structured around a series of rotations in disciplines which relate to general practice. The Team noted that there is a requirement for trainees to complete a minimum of four months training in both paediatrics and medicine. As mentioned previously in this report, such requirements do not appear to take account of previous specialty experience which trainees may have had earlier in their careers. The trainees agreed that there was significant scope for improvement in this aspect of training requirements. This was viewed by the team as a 'rigidity' issue which the Team felt the College should explore in detail. The Team agreed that it could benefit trainees enormously if overlap and duplication within training could be minimised through a practical recognition of prior training experience.

## **5) THE CURRICULUM - ASSESSMENT OF LEARNING**

Standard (5) incorporates the following elements:

5.1 ASSESSMENT APPROACH

5.2 FEEDBACK AND PERFORMANCE

5.3 ASSESSMENT QUALITY

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

The Team noted the College's commitment to fair, consistent and rigorous assessments, and these assessments are underpinned by a robust assessment policy.

It was the understanding of the Team that logbooks are the primary focus of the College in determining whether trainees have developed knowledge, skills and attitude throughout training. Following a logbook review however, it was unclear from the documentation how identified training needs or deficits are addressed and managed by the College. The College should clarify the process by which the College intervenes to address any identified training deficits. The Team acknowledged that there may be challenges in addressing training deficits in a timely fashion, given the variation in local supports and clinical demands at different training sites. However, the Team agreed that the College must continue to ensure that the needs of trainees are prioritised over other practical and service-led considerations.

The Team identified a significant opportunity for the College to increase its focus on the assessment of the clinical skills of trainees. Although the College, and the College's own accreditation standards for schemes, places a significant emphasis on the development of consultation skills and other defined competencies, there did not appear to the Team to be as strong an emphasis placed on the assessment of clinical skills. The feedback from trainees supported the Team's view in this area, and confirmed that trainees would appreciate a greater emphasis on the assessment of their clinical competencies. As mentioned earlier in this report, there are opportunities in the fourth year of training to address any deficiencies in the achievement of defined competencies, but the onus would appear to be on trainees to identify some of these deficiencies themselves. The trainees confirmed that day-release arrangements and weekly tutorials can be used to address training deficiencies but, as mentioned previously, there can be some variability between hospitals and schemes in the support of trainees in these circumstances. The Team agreed that the College should adopt a stronger position in this area to ensure that its assessment processes and methodologies, and those of regional schemes, serve as the primary indicator of the achievement of competencies by trainees. The

College should also continue to ensure that training is fully aligned to evidence-based assessment methodologies.

This area was viewed by the Team as being a good example of the necessity for the College to drive consistency throughout training schemes. The College confirmed its undertaking to create greater cohesion between trainers at corresponding levels across schemes. The Team agreed that such a focus on lateral communication between schemes should continue to be encouraged.

The Team sought the views of the trainees in relation to their opportunities to provide feedback throughout training. The trainees viewed the six-monthly assessments as the prime opportunity to raise concerns with any aspects of training. The trainees highlighted that there is always likely to be some reluctance on the part of trainees to voice concerns for fear of the potential for professional repercussions. Overall, the experiences of the trainees in this area were very positive, and there was a widely-held impression that training schemes reacted very positively to trainee feedback. The trainees shared with the Team a number of examples where trainee feedback has led to positive change, including a revised on-call rota. The Team agreed that it was imperative for trainees to see that their feedback can lead to positive change, both for their own immediate benefit and for the benefit of successive trainees.

The Team felt that there may be an opportunity for the College to strengthen its commitment to supporting trainees with disabilities, or who are otherwise disadvantaged. While the Team did not doubt the College's commitment in this area, the Team agreed that this commitment must be matched by supporting documentation and action.

As part of its assessment ethos, the College is committed to the early identification and remediation of underperforming trainees. The method of delivery of specialist training in general practice, and the close relationships forged between trainees and trainers, strongly supports activity in this area. The Team acknowledged that while the College drives consistency in this area between training schemes, there is some variability in the frequency of assessment feedback, and the documentary or electronic means of recording such feedback. The College confirmed that all hospital-specific logs are under review with an aim to national standardisation, and to move towards an electronic format.

The information provided by the College in relation to the assessment of overseas training specialists was discussed. Such assessments are undertaken at the request of the Medical Council to determine the suitability of applicant doctors to access the Specialist Division of the Medical Council's Register of Medical Practitioners. The Team noted that these arrangements are in the process of being formalised between the Medical Council and postgraduate training bodies. The Team discussed the different routes to membership of the College in the overall context of registration with the Medical Council; these routes include membership based upon the recognition of equivalence of the Fellowship of the Royal Australian College of General Practitioners (FRACGP). This equivalence was formally agreed between the College and the RACGP in 2007. The Team were keen to explore the criteria which were applied by the College in reaching this determination of equivalence, and to explore whether these same criteria are being used to determine equivalence of training in other jurisdictions. The College confirmed that these arrangements were made on the basis of historical arrangements between jurisdictions, and also on the basis of information exchanges, reciprocal visits and assessments. The College confirmed that it was committed to working with the Medical Council on the assessment of overseas trained doctors, and would align its assessment processes to the formal arrangements which are mentioned above. but noted the common difficulty experienced by training bodies in the determination of training standards in certain jurisdictions.

## **6) THE CURRICULUM - MONITORING AND EVALUATION**

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The College requires each of its training schemes to report on an annual basis with regard to the ongoing evaluation of all aspects of teaching, assessment and training. The College's own criteria for recognising training schemes place this responsibility with individual programme directors. Given the unique 'hub and spoke' framework within which specialist GP training is delivered, and as mentioned elsewhere in this report, the Team agreed that it is vital for the College to ensure consistency in performance in this area by each training scheme.

The Team were advised that the College's own accreditation process requires each training scheme to be re-evaluated every two years. This process involves a degree of self-analysis by schemes, a documentary submission to the College and an extensive site visit by an inspection panel. Previously, such assessments were undertaken every five years but this was deemed inappropriate by the College on the basis that an entire cohort of trainees could complete training before any deficiencies or concerns with a scheme could be identified. The Team viewed this reduced interval between scheme evaluations to be strong evidence of the College's commitment towards maintaining high standards throughout training.

The Team were satisfied that there are sufficient routes for trainers and trainees to contribute towards programme development. The principal route to solicit trainer and trainee inputs is through their membership of local steering committees.

The Team were keen to raise the issue of attrition rates with the College. No supporting metrics in this area were included in the College's submission; however, the College confirmed that such information is held locally by schemes and acknowledged that the College should centralise this information in order to consider, and act upon, attrition rates on a national basis. The Team also agreed that local attrition rates may be an indication of dissatisfaction or concerns at individual training schemes, and as such should also be analysed with reference to training scheme accreditation. The College should provide Council with data in this area, both by way of response to the accreditation report and as part of Council's ongoing monitoring requirements.

## **7) IMPLEMENTING THE CURRICULUM – TRAINEES**

Standard (7) incorporates the following elements:

### **7.1 ADMISSION POLICY AND SELECTION**

### **7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE**

### **7.3 COMMUNICATION WITH TRAINEES**

### **7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES**

The Team noted that regional selection criteria have not been published by schemes to date, and have been available on request only. Compounding this lack of transparency was the perception that prospective trainees must have applied for GP training during their undergraduate years and not upon completion. In addition, there has been a perception that medical membership was a prerequisite to access GP training. It was agreed that greater transparency should be required of schemes in this regard, and should be viewed by the College as another area where uniformity and consistency should be prioritised.

The trainees confirmed that they felt that sufficient information was made publicly available in order to inform their decision to apply for training with the College. The Team welcomed the confirmation that the College has adopted national short-listing selection and person specification criteria for the 2013 trainee intake. In addition, the recommended weighting behind each component of the selection criteria will be made fully available. In order to promote these developments, a series of information sessions was held in early 2013 for the benefit of prospective trainees in a number of locations throughout the country. The Team recommend that the College builds upon developments in this area by conducting an audit of these revised arrangements, and providing the Medical Council with feedback on same.

Taking a broader view of admissions and numbers within GP training, the Team queried whether national workforce requirements for general practitioners reflected the evolving demographics of trainees whose family commitments may impact upon out-of-hours or on-call clinical service. The College indicated that no expansion in training numbers was anticipated over the coming two to five years, and that these projections were based on a government-led national planning survey. The College confirmed that it is committed to working alongside the HSE to develop a national position in relation to future consultant and general practice requirements.

Building on an earlier discussion, the Team reflected on the information provided by the College which confirmed that there were currently no exemptions for trainees from mandatory experience requirements. This is on the basis of the difficulty presented in assessing the compatibility or equivalence of previous experience. However, the College confirmed that in theory, alternative rotations could be considered for trainees in instances where those trainees had previous experience in the proposed specialty. As mentioned earlier in this report, the Team agreed that there was considerable scope in this area for the College to review these requirements on a national basis in order to minimise duplication of training, and subsequently provide trainees with an enhanced range of clinical experience.

The College confirmed the high value it placed on ensuring that there is meaningful and ongoing communication with trainees at all stages of training. The close relationship developed between trainers and trainees is complemented by day release interactions, electronic interaction *via* email and the College's website. Given the regional delivery of training, the Team agreed that this strong commitment to trainee communications was very appropriate. The College are committed to maximising the role and visibility of trainees in the delivery of training, and this includes maximising the opportunities trainees to become formally involved in the governance of the College.

The Team noted that the College has recently developed a national policy and accompanying guidelines in relation to resolving trainee disputes and grievances. Up until relatively recently, it was the Team's understanding that such matters were dealt with on a local level, and within local arrangements. The Team were advised that the Medical Council's accreditation process had accelerated the development of this national policy. The Team welcomed the move towards a standardised approach in this area and agreed that trainees must be supported through the dispute resolution process fairly and consistently. However, the Team were disappointed that no metrics had been provided in this area which would have given the Team a sense of the frequency and outcomes of trainee disputes. Similar to the recommendation in relation to gathering national data on attrition rates, as mentioned earlier in this report, the Team agreed that the College should undertake to assess national data on trainee disputes and outcomes, and provide feedback to Council.

The Team were advised that some schemes have the capacity to evaluate anonymised appeals and complaints to determine whether a systems problem exists. One training scheme has held

ISO 9000 accreditation in this area since 2000, an accreditation which is based on maintaining sound administrative processes. The Team agreed that there may be an opportunity for the College to review its own schemes accreditation criteria in a manner which would see this best practise adopted as the benchmark standard for other schemes.

## **8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES**

Standard (8) incorporates the following elements:

### **8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS**

### **8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES**

The College's *Criteria for Postgraduate Training Programmes* clearly articulates the College's expectations of its supervisors and trainers in the delivery of specialist training. The same document also clarifies the selection criteria, selection process and person specification for those clinicians who wish to contribute towards the delivery of GP training. In order to gauge the effectiveness of trainer inputs, the College systematically appraises trainers on the basis of feedback from trainees, an annual practise visit and participation in National Trainers Workshop. The Team were satisfied that the inputs of individual trainers are assessed regularly, and that the College are committed to ensuring high standards in this area. The College confirmed that clinicians have previously been de-recognised as trainers by the College for failing to meet the College's expectations in this area. In many cases, the effective removal of trainers may have been a product of adverse life events or illness; however, the College are prepared to intervene in order to ensure high standards of training. The Team recommend that the College compiles national data on the numbers of trainers who have been removed as trainers, and the circumstances behind such decisions being taken.

The aforementioned criteria document specifies the College's requirements of the clinical sites involved in the delivery of training. These criteria form the basis of scheme accreditations, including clinical site appraisals. In addition, the College requires each training scheme to maintain a register of hospital posts which have been accredited by schemes, and which continue to support the delivery of GP training. The Team agreed that the College must continue to place a high priority on ensuring consistency between schemes in this area. The issue of ensuring consistency between training schemes was a common theme throughout the meeting, and one which the College acknowledged as being a priority.

The trainees updated the Team on the variety of training experiences encountered at different clinical sites, with varying degrees of focus on the training aspect of posts. The trainees agreed that this issue was not unique to the specialty of general practice, but one which presented a challenge across specialist medical training as a whole. The College confirmed that this was an ongoing challenge for all postgraduate training bodies. The Team agreed that the College should continue to ensure that local service demands do not undermine the effectiveness of training opportunities.

The Team queried whether the College's accreditation processes had ever led to a training post being de-recognised, or whether a training scheme had ever failed to meet the College's accreditation standards. This discussion formed part of a wider discussion concerning the influence of the College amongst the schemes, and the training posts and sites affiliated with individual schemes. The College confirmed that training posts have been de-recognised for failing to meet College criteria. In addition, a training scheme had previously come close to losing College recognition due to dissatisfaction amongst trainees, and a lack of personnel and resources to meet the College's expectations of the scheme. The Team were advised that this

situation is being monitored very closely and is being taken seriously by the College. The Team agreed that the College must continue to position itself at the core of each scheme's quality assurance processes, as this is a core expectation of the College by the Medical Council in the context of accreditation.

The Team discussed the emphasis which is placed on the wellbeing of trainees throughout the training programme. The College confirmed that all hospital training sites are subject to the Health Service Executive (HSE) requirements for health and safety. The welfare of trainees is also very well-reflected in the College's accreditation processes, with a particular emphasis placed on risk assessment and consulting room orientation. In addition, the College has produced guidelines on managing occupational health and safety in general practice. The trainees confirmed that trainee welfare was a huge priority for the College, and that there was a significant emphasis placed on trainee awareness of mental health issues and challenges. It was the trainees' perception that the College's 'Sick Doctor Scheme' was an exemplar in the area of doctor support. The Team were keen to explore the experiences of the trainees in the course of house-calls, one of the most unique aspects of the discipline of general practice. Some schemes provide drivers to accompany trainees to house calls, whereas other house-calls are pre-screened by trainers to ensure trainee welfare. Overall, the trainees confirmed that there was some variability between schemes in this area but overall, supports were appropriate.

## **9) CONTINUING PROFESSIONAL DEVELOPMENT**

Standard (9) incorporates the following elements:

### **9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES**

#### **9.2 RETRAINING**

#### **9.3 REMEDIATION**

Under discussion of this element of Council's accreditation standards, the Team noted that the Faculty has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes.

The Team queried whether GP trainers who are involved in promoting the discipline of general practice at undergraduate level are currently receiving recognition for such activity against their requirements to maintain their professional competence, as per Medical Council requirements. The Team, and the College, agreed that this recognition may help to incentivise general practitioners who are considering becoming involved in the delivery of GP training.

The College confirmed that it was committed to meeting the Medical Council's requirements in this area and would respond accordingly to all such requirements, including those relating to retraining in the context of the maintenance of professional competence.

## **END REPORT**

## **D. Appendices**

### **Appendix 1- Agenda**



## **Comhairle na nDochtúirí Leighis**

### **Medical Council**

**Irish College of General Practitioners**  
**Accreditation Session, Kingram House**  
**5<sup>th</sup> February 2013**

#### **Accreditation Team**

Dr John McAdoo (Chairperson, Council Member)  
Professor Cillian Twomey (External Assessor)  
Dr Siun O'Flynn (External Assessor)  
Professor Alan Johnson (External Assessor)  
Dr Suzanne Donnelly (External Assessor)  
Professor Mike Pringle (External Assessor)  
Professor John Harrison (External Assessor)

#### **Agenda**

9.30- 10.00 am	Initial accreditation team discussion
10.00-11.30 am	Review of documentation specifically relating to the Body
11.30-11.45 am	Break
11.45-1.00 pm	Review of documentation specifically relating to the Programme
1.00-1.30 pm	Lunch
1.30-2.30 pm	Meeting with Trainees
2.30-4.30 pm	Meeting with College Representatives
4.30-5.00 pm	Private session
5.00-5.15 pm	Clarification Session with College Representatives